

**BARBARA DAUGHTRY HENRY,**

**GRANTOR**

**TO**

**GPHI, LLC,  
a Mississippi limited liability company,**

**GRANTEE**

**WARRANTY DEED**

FOR AND IN CONSIDERATION of the sum of Ten Dollars (\$10.00), cash in hand paid, and other good and valuable considerations, the receipt of all of which is hereby acknowledged, I, BARBARA DAUGHTRY HENRY, do hereby sell, convey and warrant unto GPHI, LLC, a Mississippi limited liability company, the land lying and being situated in the City of Olive Branch, DeSoto County, Mississippi, described as follows, to-wit:

A 2.57, more or less, acre tract of land being situated in the Part of the Northeast Quarter of the Northwest Quarter of Section 36, Township 1 South, Range 7 West, DeSoto County, Mississippi, and being more particularly described as follows:

Commencing at the northwest corner of Section 36, Township 1 South, Range 7 West, DeSoto County, Mississippi; thence NorthEast 90 degrees 00 minutes 00 seconds East, a distance of 1472.84 feet; thence SouthSouth 00 degrees 00 minutes 00 seconds East, a distance of 137.06 feet to a concrete right of way monument in the south line of Goodman Road being the Point of Beginning; thence South 89 degrees 25 minutes 01 seconds East along said south line, a distance of 33.31 feet to a ½ inch rebar found; thence South 00 degrees 06 minutes 14 seconds West, a distance of 589.61 feet to a ½ inch rebar found; thence North 89 degrees 13 minutes 02 seconds West, a distance of 187.40 feet; thence North 00 degrees 05 minutes 21 seconds East, a distance of 216.50 feet to the south line of said road; thence North 00 degrees 05 minutes 21 seconds East, a distance of 389.48 feet to the south line of said road; thence South 83 degrees 07 minutes 21 seconds East along said south line, a distance of 155.32 feet to the Point of Beginning; said described tract containing 111,781.94 square feet, or 2.57 acres, more or less.

By way of explanation, the above described property was acquired by the Barbara Daughtry Henry and husband, Richard H. Henry, as tenants by the entirety with full rights of survivorship and not as tenants in common. The said Richard H. Henry died on November 28, 1990 as evidenced by a copy of his death certificate attached hereto as Exhibit "A".

The warranty in this Deed is subject to subdivision and zoning regulations in effect in the City of Olive Branch, Mississippi and easements for public roads and public utilities. This conveyance is further subject to Right of Ways to DeSoto County, Mississippi recorded in Book 46, Page 281, Book 110, Page 633, Book 140, Page 343; an Ingress-Egress Easement to Danny Ray Butler, et ux, recorded in Book 160, Page 207 and corrected in Book 187, Page 726; a Right

of Way Easement to Home Telephone Company, Inc. recorded in Book 246, Page 297; an Easement to Mississippi Transportation Commission recorded in Book 253, Page 188; a Right of Way to Mississippi State Highway Commission recorded in Book 249, Page 224; and a Waterline Easement to Pleasant Hill Water Association recorded in Book 267, Page 191, Order with Agreement from Pleasant Hill Water Association to City of Olive Branch, Mississippi, recorded in Book 496, Page 93, all in the Land Records, Chancery Clerk's Office, DeSoto County, Mississippi.

Taxes for the year 2008 shall be prorated and possession is to take place upon the delivery of this deed.

WITNESS MY SIGNATURE, this the 24<sup>th</sup> day of April, 2008.

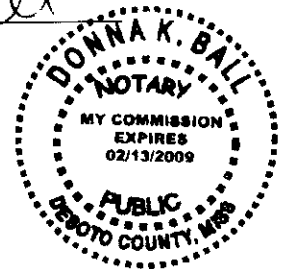
Barbara Daughtry Henry  
BARBARA DAUGHTRY HENRY

STATE OF MISSISSIPPI  
COUNTY OF DESOTO

Personally appeared before me, the undersigned authority in and for the said county and state, on this 24<sup>th</sup> day of April, 2008, within my jurisdiction, the within named BARBARA DAUGHTRY HENRY, who acknowledged that she executed the above and foregoing instrument.

Donna K. Ball  
NOTARY PUBLIC

My Commission Expires: 2-13-09



GRANTOR'S ADDRESS:

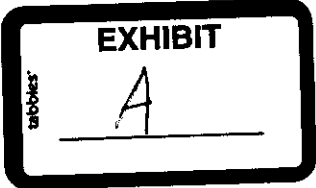
2368 DRAKE COVE  
HERNANDO, MS. 38632  
Home Phone: 901-351-2637  
Work Phone: 901-545-8544

GRANTEE'S ADDRESS:

P. O. Box 7  
Tunica, MS 38676  
Phone: 662-363-0002

PREPARED BY AND RETURN TO:  
JAMES E. WOODS  
WATKINS LUDLAM WINTER & STENNIS, P.A.  
P. O. Box 1456  
Olive Branch, MS 38654  
(662) 895-2996

F#00931.29977



TYPE OR PRINT WITH BLACK INK		FILING DATE		CERTIFICATE OF DEATH				STATE FILE NUMBER	
DECEASED		1. NAME First Middle Last				2. SEX		3a. HOUR OF DEATH	
		Richard H. Henry				MALE		10:15p	
		4. RACE (Specify White, Black, American Indian, etc.)				5a. AGE AT LAST BIRTHDAY		6. DATE OF BIRTH (Month, Day, Year)	
		WHITE				40 Years		MARCH 16, 1950	
		7b. CITY OR TOWN OF DEATH				7c. HOSPITAL OR OTHER INSTITUTION-NAME AND NUMBER (If not in either, give street address, route number or other location)		7d. IF IN HOSP. OR INST. SPECIFY INPT., OUTPT., EMER. RM., OR D.O.A.	
		Southaven				Baptist Hosp. Desoto - 17B		Inpt.	
		9. DECEDENT'S EDUCATION (Specify only highest grade completed)				10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		11. SURVIVING SPOUSE (If wife, give maiden name)	
		Elem/High School, College				MARRIED		BARBARA DAUGHTRY	
		13. ORIGIN OR DESCENT (Specify Cuban, Afro-American, Mexican, etc.)				14. SOCIAL SECURITY NUMBER		15a. USUAL OCCUPATION (Kind of work done most of working life)	
		AMERICAN				411-84-1460		R.N.	
		16a. RESIDENCE-STATE		16b. COUNTY		16c. CITY OR TOWN		16d. INSIDE CITY LIMITS (Specify Yes or No)	
		MS		DESOTO		OLIVE BRANCH		NO	
		18a. STREET AND NUMBER OR RURAL LOCATION		18b. CITY OR TOWN		18c. STATE		18d. ZIP CODE	
		5237 GOODMAN RD.		OLIVE BRANCH		MS		38184	
PARENTS		17. FATHER-NAME First Middle Last				18. MOTHER-NAME First Middle Last			
		JAMES H. HENRY				BENNIE WADE BRUNSON			
INFORMANT		19a. INFORMANT-NAME (Type or print)				19b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code)			
		BARBARA HENRY				5237 GOODMAN RD. OLIVE BRANCH, MS			
DISPOSITION		20a. BURIAL, CREMATION, REMOVAL (Specify)		20b. CEMETERY, CREMATORY-NAME		20c. LOCATION (City and State)		21a. EMBALMER-SIGNATURE AND NUMBER	
		BURIAL		FOREST HILL CEM.		MEMPHIS, TN			
		21b. FUNERAL HOME-NAME AND MISSISSIPPI I.D. NUMBER				21c. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code)			
		FOREST HILL FUNERAL HOME				P.O. BOX 34577, MEMPHIS, TN 38184			
PRONOUNCEMENT		22a. PERSON WHO PRONOUNCED DEATH-NAME AND TITLE (Type or print)				22b. PRONOUNCED DEAD (Month, Day, Year)		22c. PRONOUNCED DEAD (Hour)	
		Dr. Roger LaBonte				ON Nov 28 1990		AT 10:15 p	
CERTIFIER		23a. CERTIFIER-NAME (Type or print)				23b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code)			
		[Signature]							
		24a. To the best of my knowledge, death occurred due to the cause(s) and manner as stated.				24b. On the basis of examination and/or investigation, in my opinion, death occurred due to the cause(s) and manner as stated.			
		SIGNATURE				SIGNATURE			
		24b. DATE SIGNED (Month, Day, Year)				24c. STATE LICENSE NUMBER			
		24d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print)				24e. DATE SIGNED (Month, Day, Year)			
CAUSE OF DEATH		25. PART I: IMMEDIATE CAUSE (Enter one cause only):				26. PART II: OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in PART I			
		(a) Respiratory Failure							
		(b) Due to, or as a consequence of (Enter one cause only):							
		(c) Acute Myocardial Infarction							
		27. AUTOPSY (Yes or No)				28. WAS CASE REFERRED TO MEDICAL EXAMINER? (Yes or No)			
		NO				NO			
		29a. ACCIDENT, SUICIDE, HOMICIDE, PENDING INVESTIGATION, OR UNDETERMINED (Specify)		29b. DATE OF INJURY (Month, Day, Year)		29c. HOUR OF INJURY		29d. DESCRIBE HOW OR BY WHAT MEANS INJURY OCCURRED	
		29e. INJURY AT WORK (Yes or No)		29f. PLACE OF INJURY (Specify Home, Farm, Street, Factory, Office building, etc.)		29g. LOCATION		29h. STREET OR ROUTE NUMBER	

INSTRUCTIONS

1. This certificate should be completed using a typewriter.

2. The institution where death occurs must complete items 1, 3, 7 and 22 and retain the pink copy.

3. The certifier must complete the "Certifier" and "Cause of Death" sections, forward the certificate to the funeral director within 3 days, and keep the blue copy for his records.
4. The funeral director should complete all remaining items and file the certificate with the State Board of Health within 5 days of death.

5. The yellow copy may be used as a burial-transit permit if the certificate has been completed and signed prior to transit.